



## Registration Form

Child's name: \_\_\_\_\_ D.O.B.: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone Number (s): (\_\_\_\_) \_\_\_\_\_ OR (\_\_\_\_) \_\_\_\_\_

*Please list names, numbers, and relationship of any person(s) (other than the parent/guardians listed above) that you authorize to pick-up your child(ren) at the time of dismissal.*

1. Authorized Person Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number (s): (\_\_\_\_) \_\_\_\_\_ OR (\_\_\_\_) \_\_\_\_\_

2. Authorized Person Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number (s): (\_\_\_\_) \_\_\_\_\_ OR (\_\_\_\_) \_\_\_\_\_

3. Authorized Person Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number (s): (\_\_\_\_) \_\_\_\_\_ OR (\_\_\_\_) \_\_\_\_\_

4. Authorized Person Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number (s): (\_\_\_\_) \_\_\_\_\_ OR (\_\_\_\_) \_\_\_\_\_

*Please read and sign the following policies, acknowledging your understanding of said policies.*

**Arrival:** Please use the front entrance. Students must be accompanied by an adult when entering the studio.

**Waiting Room:** Parents/guardians may wait in the waiting room during their child's art class if seating is available, respectfully making space for others during transitional class times. Parents/guardians must remain in the waiting room during class time to maximize the students' focus.

**Dismissal:** If someone other than a parent will be picking up your child, you must inform the instructor prior to pick-up. He or she should be listed on the Release of Child Form as well. This person should be prepared to show some form of identification upon pick-up. Students are expected to be picked up on time and leave the studio accompanied by an adult. If an unexpected event should arise, interfering with the time of pick-up, a phone call should be made to the studio (401-383-5050). *\*If this repeatedly occurs, action on behalf of the studio will be addressed with parent/guardian.*

**Artwork:** Due to limited space, Blue Door Studio is not responsible for storing any artwork or sketchbooks left behind. Please retrieve artwork in a timely manner.

**Absences:** There are no longer makeup classes offered. Please plan accordingly.

**Student Conduct:** Students are expected to follow all Blue Door Studio policies with appropriate direction and guidance from the instructor. All students are expected to perform accordingly without interfering others. If necessary, parents will be informed of their child's misconduct. The instructor reserves the right to dismiss any student(s) from the registered session depending on the severity of the situation.

**Special Needs:** Parents/guardians are required to inform the instructor of any special needs (physical, mental and or emotional) that their child may have, prior to registration, in order to provide all of our students with the most effective learning environment at our studio. If special assistance is required during the school day, parents/guardians must provide similar assistance for his/her child at the studio as well.

**Payments:** Class payments *must* be paid prior to or on the first day of enrollment. **Initials:** \_\_\_\_\_

**Photo Release:** *I hereby (circle one) **DO** or **DO NOT** grant to the Blue Door Studio and to its employees the right to photograph my dependent and use the photo and or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the internet. Initials:* \_\_\_\_\_

**Student Allergies:** Please make instructor aware of any and all types of allergies that your child has prior to the start of the session and please provide the instructor with the proper procedures/protocol for your child by completing the emergency authorization portion of the registration form below.

***Please complete the Emergency Authorization information below in order for Blue Door Studio to provide the best possible care in the case of an emergency.***

*I give permission for Blue Door Studio to release my child to be transported to:*

Preferred Hospital Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
*or to the nearest hospital by ambulance in the event of an emergency. Initial:* \_\_\_\_\_

**First Aid Care:** *I give permission for the staff of the Blue Door Studio to act on my behalf and provide needed medical assistance including First Aid/CPR assistance in the event of an emergency. Initial:* \_\_\_\_\_

**Epi-Pen Protocol:** *I understand that in order for my child to be administered an epi-pen, I must also complete the supplemental Anaphylaxis Emergency Action Plan and have it initialed by my child's pediatrician. (See attached Emergency Action Plan below) Initial:* \_\_\_\_\_

**I HAVE READ AND INITIALED THE ABOVE AUTHORIZATIONS AND POLICIES:**

**Printed Parent/Guardian Name:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

*All students must have a completed form on file in order to attend the Blue Door Studio. Please return your completed registration form prior to enrollment at the Blue Door Studio and contact us if updates are necessary at any time.*  
*Thank you! –Claudia Venditto*



# Anaphylaxis Emergency Action Plan

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_

Allergies: \_\_\_\_\_

Asthma  Yes (high risk for severe reaction)  No

Additional health problems besides anaphylaxis: \_\_\_\_\_

Concurrent medications: \_\_\_\_\_

	Symptoms of Anaphylaxis
MOUTH	itching, swelling of lips and/or tongue
THROAT*	itching, tightness/closure, hoarseness
SKIN	itching, hives, redness, swelling
GUT	vomiting, diarrhea, cramps
LUNG*	shortness of breath, cough, wheeze
HEART*	weak pulse, dizziness, passing out

Only a few symptoms may be present. Severity of symptoms can change quickly.  
\*Some symptoms can be life-threatening. ACT FAST!

## Emergency Action Steps - DO NOT HESITATE TO GIVE EPINEPHRINE!

1. Inject epinephrine in thigh using (check one):
- |  |   |
|--|---|
| <input type="checkbox"/> Adrenaclick (0.15 mg)               | <input type="checkbox"/> Adrenaclick (0.3 mg) |
| <input type="checkbox"/> Auvi-Q (0.15 mg)                    | <input type="checkbox"/> Auvi-Q (0.3 mg)      |
| <input type="checkbox"/> EpiPen Jr (0.15 mg)                 | <input type="checkbox"/> EpiPen (0.3 mg)      |
| Epinephrine Injection, USP Auto-injector- authorized generic |   |
| <input type="checkbox"/> (0.15 mg)                           | <input type="checkbox"/> (0.3 mg)             |
| <input type="checkbox"/> Other (0.15 mg)                     | <input type="checkbox"/> Other (0.3 mg)       |

Specify others: \_\_\_\_\_

IMPORTANT: ASTHMA INHALERS AND/OR ANTIHISTAMINES CAN'T BE DEPENDED ON IN ANAPHYLAXIS.

2. Call 911 or rescue squad (before calling contact)

3. Emergency contact #1: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

Emergency contact #2: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

Emergency contact #3: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

Comments: \_\_\_\_\_

Doctor's Signature/Date/Phone Number \_\_\_\_\_

Parent's Signature (for individuals under age 18 yrs)/Date \_\_\_\_\_